

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment		Work Assignment Number 2-53 <input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:								
Contract Number EP-C-08-010	Contract Period 12/16/2008 To 11/30/2011 Base Option Period Number 2	Title of Work Assignment/SF Site Name CRA Stressors Grouping								
Contractor SCIENTIFIC CONSULTING GROUP, INC, THE		Specify Section and paragraph of Contract SOW 2.2, 2.4								
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval		Period of Performance From 06/23/2011 To 11/30/2011								
Comments: Deliberative Paper and Workshop										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
SFO (Max 2) <input type="checkbox"/> Note: To report additional accounting and appropriations data use EPA Form 1900-68A.										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee: \$0.00		LOE:						
12/16/2008 To 11/30/2011										
This Action:										
Total:		\$92,062.00		727						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated: 08/11/2011		Cost/Fee: \$92,062.00		LOE: 727						
Cumulative Approved:		Cost/Fee: \$92,062.00		LOE: 727						
Work Assignment Manager Name Lawrence Martin						Branch/Mail Code:				
_____ (Signature)						_____ (Date)				
Project Officer Name Verla Sutton-Busby						Phone Number 202-564-6497				
_____ (Signature)						_____ (Date)				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature)						_____ (Date)				
Contracting Official Name Resita Tyus						Branch/Mail Code: CPAD				
_____ (Signature)						_____ (Date)				
						Phone Number: 513-487-2094				
						FAX Number: 513-487-2109				